

MEDIATION EXPERT APPLICATION FOR SUPREME COURT CERTIFICATION

Please Print

NAME	:	
ADDRESS	:	
ZIP CODE:		
TELEPHONE: ()		FAX: ()
E MAIL ADDRESS:		

TYPE OF COURSE : _____ CIVIL (Basic 40-hour) _____ DOMESTIC (Basic 40-hour)
 _____ CROSSOVER FROM FAMILY TO CIVIL

EXPERT QUALIFICATIONS

List classes taught in behavioral, social science or communication fields

[illegible]

List your participation in degree programs

[illegible]

List your experience in the behavioral, social science or communications fields (other than teaching)

EXPERIENCE

List any reasearch and writing in the behavioral, social science or communication fields

RESEARCH AND WRITING

I request the Continuing Legal Education Commission share this information with Continuing Legal Education Providers Yes _____ No _____

I affirm under penalties of perjury that the foregoing is true to the best of my knowledge.

Signature

Date

OFFICE USE ONLY	
DATE RECEIVED BY COMMISSION _____	
_____ Father information needed	
_____ Refer to meeting	
_____ Approved	_____ Denied
DATE ACKNOWLEDGEMENT LETTER SENT	INITIALS

